

## Delaware Department of Health and Social Services COVID-19 Health Assessment Self-Screening Tool

DHSS employees who are working on site during the COVID-19 outbreak must perform a self-screening at home **BEFORE** reporting to work or school each day.

Please answer the following questions.

- In the past 14 days, have you been near (within 6 feet for at least 5 minutes) a person who has a lab-confirmed case of COVID-19, or have you had direct contact with their mucus or saliva?
- In the last 48 hours, have you had any of the following symptoms?
  - Fever of 100.4 F or above (or symptoms like alternating shivering and sweating)
  - New cough
  - New trouble breathing, shortness of breath or severe wheezing
  - New chills or shaking with chills
  - New muscle aches
  - Sore throat
  - Vomiting or diarrhea
  - New loss of smell or taste, or a change in taste
  - Headache
  - o Nausea
  - o Fatigue
  - Congestion or runny nose

If you answered **YES** to any of the questions above, do **NOT** report to work or school today. Instead, contact your supervisor and your doctor.

This screening tool was adapted from the Mayo Clinic's online COVID-19 Self-Assessment. To use the Mayo Clinic's tool online, visit <a href="mayoclinic.org/covid-19-self-assessment-tool">mayoclinic.org/covid-19-self-assessment-tool</a>.